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“Porto Ricochet”: Joking about Germs, Cancer, and Race Extermination in the 1930s

Susan E. Lederer

“Porto Ricans,” complained Rockefeller Institute pathologist Cornelius Packard Rhoads in November 1931, “are beyond doubt the dirtiest, laziest, most degenerate and thievish race of men ever inhabiting this sphere. What the island needs is not public health work but a tidal wave or something to totally exterminate the population. I have done my best to further the process of extermination by killing off 8” (qtd. in “Porto Ricochet” 32). Initially written in a confidential letter to a fellow researcher, Rhoads’s boast of killing Puerto Ricans appeared in *Time* magazine in February 1932 after Pedro Albizu Campos, leader of the Puerto Rican Nationalist Party, gained possession of the letter and publicized its contents. Albizu Campos’s stunning charges of a “race extermination plot” conducted under the auspices of a Rockefeller research commission prompted Puerto Rican governor James R. Beverley to order an official investigation of Rhoads’s bizarre claim.¹

Both the Beverley investigation and an internal investigation undertaken by the Rockefeller Foundation uncovered no evidence that Rhoads had in fact “exterminated” any Puerto Ricans. Careful review of patient records at the Presbyterian Hospital in San Juan, Puerto Rico, where Rhoads had performed his research revealed that no patients in the young pathologist’s care had died under suspicious circumstances. Moreover, the investigators proved unable to confirm Rhoads’s other claim (one omitted in *Time*’s account) that he had transplanted cancer into several patients. Governor Beverley reluctantly accepted Rhoads’s apology. The damaging letter, the young researcher explained, was not what it appeared. Rather than an account of real events, it was, he insisted, a “fantastic and playful composition written entirely for my own diversion and intended as a parody on supposed attitudes of some American minds in Porto Rico” (“Porto Ricochet” 33).

With the help and media contacts of Ivy Lee, the Rockefellers' personal public relations expert, Rhoads's version of the document—in which nothing “was ever intended to mean other than the opposite of what was stated”—appeared in *Time* and in newspapers in New York and Chicago.²

This essay explores Rhoads's explanation that his fantasy of exterminating the Puerto Rican population was all a “joke,” merely a playful parody misunderstood by the islanders. “A joke is a play on form,” observed anthropologist Mary Douglas, “it brings into relation disparate elements in such a way that one accepted pattern is challenged by the appearance of another which in some way was hidden in the first” (96). Viewed in this light, Rhoads's playful composition involving germs, cancer, and race extermination brings into relation several features of medical research that remain hidden or obscured in formal scientific papers and foundation reports.

Rhoads's joke illustrates some of the tensions and dislocations that accompanied the export of laboratory science into colonial settings. In the late nineteenth and early twentieth centuries American physicians and researchers played a critical role in the acquisition of new territories such as Puerto Rico, Cuba, the Philippines, and the Hawaiian Islands. The medical imperial project involved several key features, including preserving the health of colonizers faced with novel environmental and disease threats such as yellow fever and malaria, as well as the “civilizing mission” of westernizing “backward” people (Worboys 67–68). Closely linked to economic development, capital investment, and trade, medical policies in the early twentieth century expanded to encompass not only the health of workers but also the welfare of women and children. Medical researchers increasingly appropriated these colonial subjects for their investigations. As Marcos Cueto and other historians of imperial medicine have argued, only scant attention has been devoted to the local historical actors in this process and to the dynamics of accommodation and negotiation in putting imperial medicine (and imperial medical research) into place. In the Rockefeller anemia studies, relationships in the laboratory between the Puerto Rican technicians and secretaries and American physicians—Rhoads in particular—proved volatile.

The controversy over Rhoads's letter evokes the racialized dimensions of interwar medical science. The precipitating factors offered in *Time* magazine's account as explanation for the “porto ricochet” featured the ingratitude of the patients in the anemia studies (“balky Puertoriquenos”) and the self-serving behavior of the young “Puertoriqueno” laboratory technician Luis Baldoni,

who found Rhoads's discarded letter and ran with it to the "shrewd politico" Albizu Campos (32). The very words "porto ricochet" echoed an unresolved tension in Puerto Rican–American relations, the issue of how the island and its inhabitants should be identified. Naming, as historian Gervasio Luis Garcia reminds us, constituted a form of domination: "[T]he imperial appetite was not sated until it had appropriated every bit of the island, even its name" (15). From 1898, when the US acquired the island at the end of the Spanish-American War, until May 1932, when President Herbert Hoover signed a congressional bill establishing the name Puerto Rico into law, Americans had imposed the anglicized spelling Porto Rico.³

The Rhoads incident also offers an unusually revealing window on the early history of public relations and "spin" in American medical science. The *Time* article and its embrace of the joke extends Marcel La Follette's observation that popular images of science in the 1930s reflected "unqualified trust" in scientific judgment and scientific character (139–40). This cultural authority stemmed in no small measure from the laboratory triumphs of the 1920s that produced insulin and the promise of more medical advances to come. Even though Rockefeller administrators both privately and publicly conceded that his jokes about killing Puerto Rican patients and transplanting cancer may have been in poor taste, they considered Rhoads so promising a researcher that nothing should interfere with his career, especially a private folly that unfortunately became public.

Finally, in Rhoads's fantasy, social distance and racial difference could be resolved through medical means. Like scores of American state legislatures which had enacted laws for the eugenic sterilization of the "defective," Rhoads envisioned a medical solution for the "degenerate Porto Rican." In his fantasy, the procedure—transplanting cancer—would exterminate a "degenerate" race rather than merely limit its procreative powers. The idea that cancer could be transmitted through surgical means or via a microbe or virus surfaced repeatedly in the twentieth century in both expert and lay circles. In 1925, reports in the British medical journal *Lancet* of a virus that caused cancer prompted intense media attention and a deluge of requests for interviews with Rockefeller researcher Francis Peyton Rous, whose 1911 paper on chicken sarcoma virus had inspired the new British studies (see Patterson 98–99). Although these claims were quickly relegated to the fringe of orthodox medical thinking about cancer's cause (only to be subsequently resurrected in the 1950s), popular beliefs in cancer's contagiousness—cancer houses, cancer clusters, and familial cancers—persisted. Rhoads's medical defenders ridiculed the belief

that transplanting cancer could become a tool for genocide, but for lay audiences in the 1930s, the idea may have seemed no less fantastic than the accusations of germ warfare leveled against the Germans in World War I. The Puerto Rican Nationalists saw the cancer claims, along with birth control and sterilization, as part of a far-reaching plan on the part of the US government to extinguish the Puerto Rican people (Briggs, "Discourses" 38–39).

1. Rockefeller Research

Cornelius "Dusty" Rhoads arrived in Puerto Rico in June 1931 as part of the Commission for the Study of Anemia in Puerto Rico funded by the Rockefeller Foundation. A 1924 graduate of Harvard Medical School, Rhoads had developed an interest in research after he, like so many other medical students and residents, contracted tuberculosis as a surgical intern, and spent a year recovering at the Trudeau Sanatorium in Saranac Lake, New York. In 1928 he joined the Rockefeller Institute for Medical Research, where he also served as staff pathologist at Rockefeller Hospital. In 1931 he accepted the invitation of Harvard hematologist William B. Castle, director of the newly formed Rockefeller Anemia Commission, to accompany him to Puerto Rico for the research project.

The principal focus of the Castle Commission was anemia caused by hookworm and tropical sprue, an obscure and poorly understood disease. Hookworm infection and hookworm disease affected large numbers of people in the early twentieth century; a survey in 1910 estimated that 40% of the population of the southern US had varying degrees of hookworm infection (Ettling 152). In 1909, a \$1 million grant from John D. Rockefeller, Sr., launched the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease. In 1914, the Rockefeller's International Health Board expanded the geographic scope of its public health activity beyond the US to Puerto Rico, Mexico, South America, and Africa. In Puerto Rico, hookworm-related anemia was the leading cause of death; in 1900, 30% of all deaths were attributed to the condition (see Crosby). In 1919, the Commissioner of Public Health of Puerto Rico extended an invitation to the International Health Board to study hookworm infection on the island, where the rate of infection remained higher than 80%. The initial invitation prompted an ongoing relationship with the Rockefeller Foundation, which also funded Castle's commission in the 1930s (see Arbona and Arellano 10–11).

Hookworms usually entered the body through the skin of the

feet. Walking barefoot in areas contaminated by human fecal matter (through unsanitary privies and the use of human wastes as fertilizer) rapidly spread the parasite, which “hooked” itself onto the human small intestine and fed on an individual’s blood. Persons afflicted with hookworm disease often developed a pallid appearance, a distended abdomen, and sharply pointed shoulder blades; they appeared sluggish and listless, and they tired easily from the depletion of iron in the blood. Tropical sprue, the cause of which remains obscure to this day, produced similar symptoms of severe anemia. Other symptoms of the disease included diarrhea, excessive gas, abdominal cramps, weight loss, and irritability. In the 1930s Castle and his colleagues believed that sprue resembled pernicious anemia, a serious and widespread disease for which an effective treatment (liver extract) had recently been developed.⁴ The doctors believed that clinical research studies of patients with hookworm and sprue would similarly lead to new methods to prevent and treat these debilitating and often fatal conditions.

Upon their arrival in Puerto Rico, Castle and Rhoads found no shortage of affected individuals. When they reached San Juan, the researchers established a laboratory at the Presbyterian Hospital and began systematically recruiting subjects for study. (The researchers consistently referred to these individuals as patients; although many of these individuals did receive treatment, they were always the object of clinical study.) The commission ultimately studied 257 subjects with severe anemia; 164 of these “patients” were hospitalized at the foundation’s expense. Among the 257 anemia sufferers, 100 suffered from tropical sprue. The researchers performed a series of tests on 92 sprue subjects, ranging in age from 10 to 80. Seeking to establish the cause of sprue, the investigators conducted a detailed dietary history of each individual. Although they found that that “the monotony of the fare of the Puerto Rican peasants” was useful for limiting the dietary possibilities, they reached no conclusions about the cause of the disorder (Castle et al. 656).

Rhoads at least initially found the work engaging. In July 1931 he wrote enthusiastic letters to his superiors about the welcoming reception he received from the faculty of the Porto Rico School of Tropical Medicine, the “surprisingly large number of patients,” and the generous laboratory conditions.⁵ To Simon Flexner, his mentor and the scientific director of the Rockefeller Institute for Medical Research, he gushed: “The whole situation is nearly perfect. We have ample bed and laboratory space, excellent technical help and a most cooperative medical group to deal with. The climate is delightful and the country magnificent. I can imagine no more pleasant place to live.”⁶ In September Rhoads

wrote Flexner about his close collaboration with a Puerto Rican physician, Garrido Morales, in studying a local outbreak of polio. In the same letter, he described his effort to induce experimental sprue in humans. "We have only two experimental 'animals' and will increase the number to ten in a week or so." Rhoads hoped to create sprue in his "animals" by placing them on a "characteristic native diet," consisting of very low protein (30 grams a day) and "almost no vitamins." As he explained to Flexner, "If they don't develop something they certainly have the constitutions of oxen."⁷

Rhoads's letters in the fall of 1931 suggest that the working conditions for the Rockefeller doctors had deteriorated. In October he described increasing friction with Puerto Rican physicians, especially Garrido Morales, the epidemiologist for the insular government who had aided Rhoads in collecting polio serum specimens.⁸ In November 1931, five months into his stay on the island and following the theft of several personal articles from his Ford roadster, the Rockefeller researcher composed the letter to his friend.

2. Race Extermination Plot

After the infamous letter became public, investigators for the Puerto Rican government and officials at the Rockefeller Foundation eventually constructed a rough chronology of the events. They agreed that on 11 November, Betty Guillermet, the commission's Puerto Rican stenographer, saw Rhoads writing a letter at her desk. When she returned from lunch, she found the letter to "Ferdie" (whom Rhoads subsequently identified as Boston researcher Fred Stewart) from "Dusty," Rhoads's nickname. On 12 November, two other employees of the commission, Aida Soegard and Luis Baldoni, read the letter and circulated it among their acquaintances. Two days later, Rhoads called all the commission employees and the Puerto Rican doctors in the hospital together and expressed his regret. According to the investigation later conducted by Special Attorney José Ramon Quiñones, Rhoads apologized profusely, attempting to assure the doctors and laboratory workers of "the high regard and esteem in which he held the Porto Ricans."⁹ He insisted that he had not mailed the letter, nor did he intend to do so. When Rhoads sailed for the US on 10 December with the remaining American members of the commission, he believed that all copies of the letter had been destroyed and the unfortunate episode ended.¹⁰

In January 1932 Baldoni gave a copy of the letter to Albizu Campos, whose Nationalist Party was dedicated to securing

Puerto Rico's independence from the US. The Nationalists sent copies of the letter, together with a document stating that the Rhoads letter established proof of American intentions to exterminate Puerto Ricans, to the president of the medical association and the leaders of the island's other political parties. Additional letters were also sent to such organizations as the League of Nations, the Pan-American Union, the Vatican, and the American Civil Liberties Union. In a cover note, José Lameiro, secretary of the Nationalist party, compared the efforts of the American government to exterminate the Puerto Rican people to the extermination efforts mounted against the American Indian. The US, he contended, "overcame their [Indians] resistance with arms and deprived them of their means of subsistence. When, towards the close of the nineteenth century, there arose some humanitarian feelings towards the Indians, which made these tactics repugnant, it happened that the Indian race contracted tuberculosis and other devastating diseases" (9). The Hawaiian nation, the Nationalist leader argued, had sustained similar losses under the North American empire, whose "system of extermination" was confirmed absolutely by Rhoads's letter stating the plan to "inoculate" islanders with cancer.

This public attention prompted intensive activity on a number of fronts. In addition to Governor Beverley's investigation, W. R. Galbreath, director of the Presbyterian Hospital, made his own inquiries into the letter and the number of patient deaths. The Rockefeller Foundation also instituted another investigation of the letter and its claims about racially motivated killings. The narratives produced by the intense investigatory activity not surprisingly differed considerably from one another. Laboratory technician Baldoni's description of the circumstances surrounding the Rhoads affair offered a stark image of the social distance between the aloof American researcher and his Puerto Rican research subjects. In a sworn affidavit and in testimony before Special Attorney Quiñones, who headed up the Beverley investigation, Baldoni's account of the physical appearance of the Rockefeller doctor magnified his differences from the sickly and emaciated Puerto Rican peasants he examined on the wards. The technician emphasized Rhoads's fleshiness; he described the doctor as a "corpulent man," remarking on his "round, fat face, with a stubborn beard" and his "short and fat" neck. In addition to this physical description, Baldoni characterized the doctor as "a man of brusque manners and few words."¹¹ More damaging in Baldoni's testimony were Rhoads's apparent deviations from the accepted norms of clinical and laboratory practice of cleanliness in drawing blood from patients. Rather than use a sterile needle for

every blood draw, Baldoni insisted that Rhoads only sterilized his needles “from time to time at intervals of several days.” In addition, Baldoni described how Rhoads “never disinfected or sterilized the syringe or needle after using them on one patient before extracting the sample from the next patients [*sic*].”¹² Rhoads, Baldoni conceded, was more likely to adopt such practices when pressed for time or when the workload was great.

After the doctor’s letter was read, Baldoni recalled the “terror,” “distrust,” and “fear” that it inspired in the staff. But where the doctor was formerly brusque, his demeanor in the laboratory exhibited “continual amiability” after the letter became known. Although Baldoni acknowledged that he was moved by the doctor’s emotional apology and was surprised by the doctor’s insistence that he take a gift of 10 pesos, the technician remained fearful for his own life when Castle, the senior Rockefeller researcher, failed to reprimand his junior colleague. Rhoads’s abrupt disappearance from the laboratory may also have contributed to Baldoni’s anxieties.¹³ According to Baldoni, Rhoads left the laboratory to gather blood specimens from people outside the hospital and then suddenly disappeared. He recalled that the staff received a radiogram the same afternoon from Rhoads explaining that he was sailing to New York because his uncle had fallen ill. Although the doctor had left San Juan on 10 December, Baldoni reported that “fear of losing my life through poison or in some other way and my uneasiness on seeing that so terrible a crime had been committed without any punishment for the author” led him to quit his position on 26 December. His “fear that there existed a system for exterminating Porto Ricans in such a manner as not to arouse any suspicion” (in the manner of cancer transmission Rhoads referred to in his letter), explained Baldoni, prompted him to keep a copy of the letter and, a week later, to turn it over to the Nationalists.¹⁴

Baldoni’s graphic account of unsterilized needles and callous treatment of study participants was challenged by some of Rhoads’s research subjects at the Presbyterian Hospital. In a letter to *La Correspondencia*, Rafael Arroyo Zeppenfeldt disputed both the charges of brusqueness and rudeness in Rhoads’s manner and countered the details about unclean syringes. “Blood was taken from me once a week. The pin or needle with which my ear was pricked was washed in a solution that has the same appearance as that used for the syringe. I took some fifteen persons to take the test for anemia and I have known of no case of infections in the ear because of the prick.”¹⁵ A report in the *New York Times* claimed that only one letter—unsigned—expressed suspicion of the North American doctors and their motives in the anemia stud-

ies, whereas the director of the Presbyterian Hospital received “hundreds of letters” supporting the work of the hospital and the generosity of the Rockefeller Foundation (“Patients Say” 19).

Not surprisingly, Rhoads’s professional colleagues publicly defended the young researcher. Both Castle and Galbreath, director of the Presbyterian Hospital, made Rhoads’s character—his dedication to his work and sensitivity to patient suffering—the centerpiece of their defense. In his general statement about the work of the Anemia Commission and the Rhoads case, Castle stressed how the care and study of Puerto Rican patients replicated in every way the clinical study of patients in Boston. He denied that Puerto Rican patients received a different standard of care or that the American doctors had failed to observe the usual safety precautions in testing and treating island patients: “All injections were carried out either with syringes and needles previously sterilized by boiling water or with alcohol, the skin of the patient being prepared with alcohol before the injection. The substances administered to patients by mouth or by injection were either standard drugs or else special preparations of liver extract or iron made under my personal supervision in the Presbyterian Hospital by accepted methods including aseptic precautions and the addition whenever possible of disinfectants to substances for intramuscular injections.”¹⁶

Castle, moreover, noted how the commission’s methods accorded with the implicit ethical norms of experimental research in the 1930s, namely self-experimentation by investigators to insure the safety of laboratory procedures.¹⁷ “All variations in the technique of preparing substances for intramuscular injections,” Castle explained, “were tested upon a member of the anemia commission before the preparation was used on any patient.”¹⁸ Castle emphasized how members of the commission also used their own bodies as a control to check techniques for taking blood and performing the various gastric analyses.¹⁹ Finally, he explained how the absence of blood donors for purposes of transfusion led members of the commission to serve frequently in this capacity. “Dr. Rhoads in particular,” he explained, had “given blood for several transfusions performed by physicians of the Presbyterian Hospital both upon patients under treatment by the anemia commission and in other emergencies arising in the hospital.”²⁰ Rhoads’s service as a blood donor to Puerto Rican patients, Castle implied, represented a literal self-sacrifice, a gift interpreted as absolutely incompatible with the deliberate murder of patients.²¹

Like Castle, the medical director of the Presbyterian Hospital stressed Rhoads’s character in an effort to undermine the plau-

sibility of his boasts about racial extermination. In an interview with a reporter from *El Imparcial*, Galbreath explained that anyone acquainted with Rhoads's "high esteem for the people of Porto Rico and of the work he had done for the poor sick people in the hospital" could not possibly credit as serious what he had written in the letter to his friend. Galbreath acknowledged that the "joking" nature of the letter could be considered offensive to Puerto Ricans, but not surprisingly, as the director of a hospital where clinical research was performed, he was at pains to ensure that islanders realize that the claims were unfounded.²² He repeatedly made reference to the hospital registers as evidence that no excess deaths occurred during Rhoads's tenure at the hospital and that the actual record of deaths did not match the number of deaths he claimed to have caused. Only one of the commission's patients, according to Galbreath, died under Rhoads's care; an anemia patient whose autopsy confirmed bronchial pneumonia as the cause of death.

In the same interview, Galbreath's colleague, George C. Payne, a physician employed by the Rockefeller Foundation to advise on rural health and sanitation who had worked closely with Castle and Rhoads, directed his attention to the second part of Rhoads's extermination plan, the transplantation of cancer. Dismissing the "ridiculous" nature of such a claim, Payne explained, "In the first place cultures of the human cancer microbe had never been grown either in Porto Rico nor in any other part of the world; thus far chicken cancer alone had been successfully cultivated. In this Hospital, however, there were no cultures of cancer in any form."²³

Payne's effort to relegate the cancer transplantation to the world of fantasy was disingenuous. Not only had Rous established in 1911 that chicken sarcoma could be transmissible by a viral agent, but the notion that cancer could be transmitted from one person to another was, in the words of the leading American oncologist James Ewing, "the oldest hypothesis of the origin of cancer" (120). In his 1931 text on cancer, Ewing listed more than 100 microorganisms that researchers claimed to cause cancer after the organism was isolated, grown in a pure culture, and inoculated into a healthy subject. Moreover, Ewing described a series of experiments in which tumors were deliberately transplanted between "man and man," including the 1891 report by French physician A. V. Cornil on the successful effort by a male surgeon to transplant a fragment of spindle-cell sarcoma of the breast into his female patient's other breast (Lederer, *Subjected to Science* 10–12). In an ironic twist to the cancer transplant story, Rhoads, af-

ter his return to the US, pursued the transmissibility of cancer as Ewing's successor as director of the leading cancer research facility, the New York Memorial–Sloan-Kettering Institute for Cancer Research. In 1954 Rhoads described to the American College of Surgeons how a “hopelessly sick, heroic woman” allowed doctors to “graft living cancer cells under her skin” to demonstrate that “control over cancer can be won through chemicals” (“Patient Given Cancer” 245).

3. “Porto Ricochet”

Rhoads returned to New York City in December 1931, believing that his difficulties in San Juan were resolved. Reporters, who called at the Rockefeller Institute in late January seeking a statement from Rhoads about the affair, shattered this illusion. Waldo Flinn, the business manager at the Rockefeller Institute, regarded the Rhoads case as a “serious matter.”²⁴ When reporters from the *New York Times* and other metropolitan newspapers had called at the institute on 29 January, Flinn ordered the researcher not to give a statement until he had discussed the issue with Flexner. At Flexner's urging, Rhoads met privately with Ivy Lee, head of the public relations firm retained by the Rockefellers to handle publicity for the Rockefeller Institute and other Rockefeller projects.

By 1932 Lee had managed Rockefeller public relations for nearly two decades, beginning with the Ludlow Massacre in 1914 when 24 men, women, and children were killed during a labor riot at a Rockefeller-owned mine.²⁵ After his meeting with Rhoads, Lee telephoned all the newspapers and secured an agreement “not to publish anything on the subject without telephoning himself first.”²⁶ Lee composed, with the help of Flexner, the telegram that Rhoads sent to the governor of Puerto Rico, placing himself at his disposal for the investigation into the letter. When a *New York Times* article about the Puerto Rican investigation appeared on 30 January, Lee, identified only as “a friend” of the researcher, offered an explanation for the “parody” Rhoads had written but never mailed.²⁷ Lee's explanation stressed the difficult circumstances for the young doctor, namely the hostility of “the nationalist press and agitators [who] persistently represented American officials and reporters as taking an arrogant and contemptuous attitude toward Porto Ricans” (“Beverley” 9). Not only did Lee's explanation lay the blame on “violently anti-American nationalist agitators” but it also disseminated the convenient fiction that Rhoads wrote the letter the evening that one of the patients in the

Presbyterian Hospital succumbed to his disease “despite the best efforts of the staff to save him” (“Beverley” 9).

This last detail about Rhoads’s despair after the death of a patient appeared only in the *Times* article; there was no mention of the patient’s death in Rhoads’s own account or in any of the Rockefeller materials relating to the investigation of the letter. Indeed, the investigations, especially the medical inquiry conducted by Puerto Rican physicians Garrido Morales and P. Morales Otero, focused intently on the patient deaths during Rhoads’s six-month tenure at the Presbyterian Hospital. Morales and Otero examined not only the clinical records and autopsy protocols for the 13 patients who died in the commission’s study group but also the records of patients diagnosed with cancer and admitted to the Presbyterian Hospital between July and December 1931. Of the 13 deaths in the study, only one occurred in November; Salvador Montesinos, a Puerto Rican farmer, died on 6 November (one day after the theft from the doctor’s car that precipitated the letter) from advanced heart disease. Rhoads performed the autopsy on Montesinos, but the postmortem findings of heart disease (generalized arteriosclerosis with aortic stenosis) were independently corroborated by the pathologist at the School of Tropical Medicine.²⁸ Although Rhoads may have been affected by the deaths of patients in the study (especially the death of Pablo Rosado, who had received Rhoads’s own blood in a transfusion but died 12 October 1931 from hepatitis), there was no record of a patient’s death in the week before the theft from Rhoads’s car, which precipitated the infamous letter.

Time magazine’s report in February 1932 about Rhoads offered an intriguing “spin” on the letter and the Puerto Rican response. “Porto Ricochet,” featuring a photograph of the young Rhoads together with the caption “His parody was taken seriously,” began with several insensitive sentences from Rhoads’s letter. The *Time* correspondent explained that Rhoads dashed off this personal letter one night in November after returning to his quarters in San Juan to discover that someone had taken a seat cushion and some other accessories from his automobile. “After six months of treating balky Puertoriquenos for pernicious anemia (his research Arbeit), after again that evening giving his blood (six quarts in all) to anemic natives, Dr. Rhoads lost his temper” (32). In a fit of anger, according to the correspondent, Rhoads wrote the letter and then discarded it, when it became available to “that shrewd politico” Pedro Albizu Campos. In less than a page, the *Time* correspondent characterized the Puerto Ricans as diseased (“anemic natives”), ignorant and easily misled (“natives might be made to believe that the Yanquis were plotting to kill

them all”), primitive (typical of “backward countries”), and ungrateful (the author twice mentions that Rhoads had given them “his own blood”) (32).

This image of primitive natives stood in stark contrast with *Time*’s account of the beneficence of the Rockefeller philanthropies and the altruism of researchers at work on effective therapies for dread disease. In sentences clearly reflecting Lee’s influence, the *Time* correspondent observed: “As everyone in Science knows, the Rockefeller Institute, harbor of two Nobel Prize Winners in Medicine (Drs. Alexis Carrel and Karl Landsteiner) is where Nobel Prize Winner in Literature Sinclair Lewis’s Dr. Martin Arrowsmith worked” (32). Lewis, the author explained, learned the scientific facts and local color about the institute from the bacteriologist Paul de Kruif, who had worked at the Rockefeller Institute for two years. Unlike Sinclair Lewis, whose portrait of the Rockefeller Institute and its director in his 1925 novel *Arrowsmith* was hardly flattering, *Time*’s correspondent lauded the Institute’s noble endeavors and the “staunch” friendship of director Flexner to “every member of his staff,” a man “just twice as old as Dr. Rhoads” who nonetheless vouched for his explanation of the letter as a parody and a playful joke (32).²⁹

Playfulness and fantasy were the issue, as the discussion of Sinclair Lewis’s title character made clear. “Dr. Rhoads,” the *Time* article noted, “is no dour, highstrung, achey Dr. Arrowsmith. He is a jovial, rollicking young man, who has topped every group he has ever been with” (33). The author further supplied details about Rhoads’s sterling career. In addition to the presidency of his high school graduating class, Rhoads had served as marshal of Bowdoin College and president of the Harvard Medical School class of 1924, graduating from both institutions cum laude. Not only intellect and academic ability, but temperament (simultaneously self-sacrificing and fun loving) served to exonerate the young Rhoads for the folly of his letter parodying the extermination of eight Puerto Rican inhabitants.

Lee, just as he had previewed the *New York Times* reports on the Rhoads affair, read a draft of the *Time* article before it appeared in print. He contacted *Time* publisher Henry R. Luce in a fruitless effort to suppress the report altogether. In his telegram to Lee, Luce explained that a “long conference” involving the managing editor of *Time* and Drs. Rhoads and Castle led to several changes in the story. “In the last analysis,” he informed Lee, “we believe the story is news and that the possibility of its damaging important work is extremely remote.” He expressed his regret that the decision to publish the story was “contrary to the wishes of Doctor Flexner and others” and hoped that Lee would “agree

two or three months hence that no damage has been done.”³⁰ At the Rockefeller Institute, Flinn received an advance copy during the first week of February and passed it on to Rockefeller Foundation staff. Lee himself discussed the article with Luce, and a number of changes were made before “Porto Ricochet” was published. Two sentences added to the published version emphasized Rhoads’s self-sacrifice by giving his own blood and disparaged the “prejudice” encountered by the Rockefeller Foundation in “backward countries.”³¹ The most significant modifications were the deletion of several offensive sentences from the original letter. The published version did not contain Rhoads’s boast about transplanting cancer into several patients or his observation that the transplants had not yet resulted in deaths. The *Time* reporter deleted a slur on the Puerto Rican medical profession and removed another problematic sentence: “The matter of consideration for patients’ welfare plays no role here—in fact, all physicians take delight in the abuse and torture of the unfortunate subjects.” Finally, the *Time* article did not repeat the invidious comparison of the Puerto Ricans to another ethnic group. Rhoads’s original letter contained the sentence: “They [Puerto Ricans] are even worse than the Italians.”³²

The decision to delete these sentences may have been a simple exercise in damage control for Lee. The less said about experimenting doctors who delighted in the abuse and torture of patients, the easier it would be to preserve the good name of the Rockefeller Foundation and its work around the world. John E. Ehrendorf, Jr., a Rockefeller physician attached to the Venezuelan ministry of health, echoed this sentiment when he mailed a colleague at the Rockefeller Foundation a clipping about the “juicio escandaloso” in Puerto Rico that appeared in a Caracas newspaper on 15 February 1932. Ehrendorf expressed his disappointment over the appearance of the Rhoads story in the national press, noting that his own efforts to obtain permission to study treatments for disease in several Caracas neighborhoods would be hampered by such coverage. “From my experience in these countries,” he observed, “I always feel that the less we get into the press the better as frequently denials or publications will open up a field of discussion which many will use for their personal aims.”³³

Time’s take on the juicy scandal did little to appease Puerto Rican observers. Puerto Rican physicians bristled at the “insulting language used toward the people of the Island.” Otero asked the American Medical Association to censure Rhoads for his conduct.³⁴ Rockefeller physician Payne warned his superiors that the article had aroused considerable resentment for its portrayal of the Puerto Ricans as a backward people.³⁵ Even before the *Time*

article appeared, Payne had reported that no one on the island accepted Rhoads's explanation of the letter as a joke or parody. "It is generally recognized by those who knew Dr. Rhoads that he had in many ways manifested his generosity toward needy Porto Ricans. There was ample evidence of a spirit of altruism behind the unflagging energy and long hours of work which he devoted to the relief of the sick. Those who knew him regard the letter as a manifestation of a serious emotional disturbance of temporary character."³⁶ Indeed, the Puerto Rican special prosecutor had reached a similar assessment about the researcher's state of mind. In his report to Governor Beverley, Quiñones stated that in light of the false claims Rhoads made about killing patients and his slurs on the physicians of the island, he was "forced to arrive at the conclusion that Dr. Cornelius P. Rhoads is a mental case or an unscrupulous person."³⁷ The director of Presbyterian Hospital suggested that alcohol may have played a role in Rhoads's conduct. "Perhaps," he informed a San Juan reporter, "because he was feeling rather 'good' after the party, Dr. Rhoads became angry and on reaching his home wrote the letter in question."³⁸

Rhoads's superiors at the Rockefeller Institute may have been more likely to accept his explanation of the letter as a joke because they recognized the strains that research in developing countries created. Rhoads was not the only Rockefeller scientist to experience tension with the native-born laboratory technicians hired to assist research programs in so-called backward countries. Only a few years before the Puerto Rico incident, Rockefeller researcher Hideyo Noguchi similarly encountered problems in working with "native" technicians as part of the Rockefeller yellow fever commission in West Africa. In the 1920s Noguchi relied on African "laboratory boys" to care for the large numbers of monkeys that formed the core of his research program. According to an American medical student hired by Noguchi to assist in the cultivation of mosquitoes, the African workers routinely replaced the tags identifying the monkeys without informing Noguchi (Plesset 259–60). When Noguchi contracted yellow fever and died under mysterious circumstances in 1928, these laboratory assistants, rather than Noguchi, were viewed as responsible for the chaotic state of the laboratory. In his eccentric 1931 biography of the Japanese-born researcher, Gustav Eckstein described how the number of "boys" grew to 30 in Noguchi's final months in Africa and how their inexperience intensified the problems in his laboratory: "Their work is not flawless, but Noguchi trusts them, is interested in them, especially in their language, says that before he leaves he means to learn something about that language" (410).

Relying on the local population for everyday tasks critical to

the research project afforded opportunities for misunderstanding, distrust, and dislike on both sides. Noguchi, Eckstein and his other biographers intimated, naively misplaced his trust in the young African men who worked in his laboratory. Given the widely shared sense of the potential frustrations in dealing with locals and other challenges away from home, Rhoads's superiors accepted the explanation of his letter boasting of race extermination as a means to displace anger at the Puerto Ricans and the stress of a research program in the tropics.

4. Joking about Germs

From the start, Rhoads had passed off the letter as a joke. In spite of alternative explanations—whether mental illness, serious emotional disturbance, or drinking—he continued to insist that it was a joke. Publicist Lee reinforced this representation of the letter as the response of a rollicking young researcher who playfully acts out only after enduring months of helping recalcitrant Puerto Ricans. Such a representation not only served Rhoads's immediate interests and those of the Rockefeller Institute but also resonated with the physician-hero increasingly familiar in the popular literature of the day and on America's movie screens.³⁹ Casting Rhoads as the anti-Arrowsmith—the reverse of the dour, high-strung hero of the Lewis novel—Lee attempted to purge the politically charged issue of race extermination with the more palatable image of a physician-investigator, humane in the face of the tragedy of losing a patient to the disease he fought and human in being able to make sport of the situation.

A sense of humor had rarely been viewed as characteristic of the scientist. In her analysis of the public image of science in popular magazines in the years 1910 to 1955, historian LaFollette identified intellectual ability and extraordinary physical stamina as the two qualities most characteristic of American “men of science” (76). In the 1930s, as the sense of humor became increasingly seen as a “fundamental personality attribute,” the capacity to laugh at oneself or to use humor as a “safety valve” was valued as the sign of both personal maturity and mental health (Wickberg 102–03). The physician-investigator as a man with a sense of humor became a notable element in popular writing about medical research in the 1930s and 1940s.

Given the racialized dimensions of medical research in these decades, efforts at humor surfaced in descriptions of the encounters between white researchers and their subjects and/or patients of color. These appeared in writings intended for both personal

and professional audiences, as well as in books and articles intended for lay readers. Rhoads, for example, did not intend that his personal fantasy become public; it was a private letter. Within the professional culture of medical research, humorous descriptions of dealing with research subjects that included racial characterizations provided a source of solidarity in their shared endeavors. W. Osler Abbott, who humorously framed his encounters with bodies racially dissimilar to his own, was an investigator at the University of Pennsylvania in the 1930s.⁴⁰ As an after-dinner speaker to the Charaka Club, an association for physicians with literary and philosophical interests, Abbott, who pursued research on the digestive system, played on the equation of his human research subjects with his experimental animals. Describing the young African-American men recruited by his laboratory's African-American janitor to swallow flexible tubes for intestinal studies, Abbott jested that his black "animals" enjoyed a much larger intake of corn liquor, pork chops, and chewing tobacco than the white rats in the medical school. Even worse, the romantic antics of his "human guinea pigs" created problems with the experimental protocol of the laboratory. When a jealous "sweetheart" fired a gun at one of the young men after she saw him with another woman, the bullet lodged in his spine and made it difficult for Abbott to perform the laboratory procedure. Such events, Abbott jokingly remarked, "led me to wish at times that I could keep my animals in metabolic cages" (253).

Humor and racial difference between the investigator and the research subject appeared in Harvard microbiologist Hans Zinsser's semi-autobiographical account *As I Remember Him: The Biography of R. S.* (Zinsser apparently used the initials R.S. for "romantic self" or "real self" to refer to himself).⁴¹ In this popular account, serialized in 1939 in the *Atlantic Monthly*, the microbiologist contrasted the rich man's big-game hunting in Africa with his own "little-game hunting" in Boston. Whereas big-game hunting was a comfortable occupation "in which one employs 'express rifles' to shoot with, black boys or goats as bait, and professional hunters to prevent accidents on safari," "little-game hunting," R.S. insisted, required considerably more ingenuity to trap the insects that carried malaria, plague, typhus, spotted fever, and other dangerous diseases (304). For his work on typhus, the researcher needed to acquire local lice from the Boston area. Unsuccessful in his canvas of the bedbug preserves in flophouses and cheap motels, R.S.'s assistant accosted a policeman near the Harvard Medical School, who, fascinated by the strangeness of the quest, offered "an old coon that sells pencils down near the South Station" as a source of the insects (310). After dragging the reluc-

tant Mr. Collins to the police station, the police captain implored the pencil vendor to allow the researcher to examine his head. "I ain't done nothin'," Collins repeated. "I'm an American citizen and I got my rights. I dunno what youse all talkin' bout de cause o' science" (310). Threatened with arrest in the "cause of science," the vendor eventually allowed the researcher to remove the nits from his "crinkly hair" (310–11). The jocular tone, the vulgar racial characterization, and the dialect adopted by R.S. in this vignette illustrate the casual and explicitly public appropriation by laboratory researchers of the bodies of African Americans. Like the Tuskegee Syphilis Study, the 40-year-study of untreated syphilis in African-American men conducted between 1932 and 1972, such appropriation was no secret.⁴²

Invoking hunting for both big and little game resonated with the familiar tropes of masculine agency and power in the enormously popular books of science writer Paul de Kruif. His 1932 collection of short articles published in such popular magazines as *The Country Gentleman* and *Ladies' Home Journal* trumpeted the laboratory, where "the death fighters work, peer, probe, sweat and argue" (4). Although *Men against Death*, unlike the earlier and phenomenally successful *Microbe Hunters* (1926), actually included a female death fighter, it is clear from de Kruif's description that Alice Evans lacked the attributes of the modern "man of science": resourcefulness, daring, and a sense of humor. Hired at the Hygienic Laboratory (the forerunner of the National Institutes of Health) in 1918 to investigate brucellosis, Evans fought for decades for recognition of her discovery that the same microorganism was responsible for both Malta fever (a human disease) and contagious abortion (a cattle disease). Conceding the sexism that hampered acceptance of her findings, de Kruif explained that "plodding girl bacteriologists" were routinely relegated to more mundane tasks (149). Evans "was destined to no famous end," he wrote (149). "The best she could hope for was to get to hew wood and carry water (technically) for some microbe hunter whose man's brain was fit to exploit the drudgery of her hands . . . and maybe have the low voltage thrill at seeing 'by so-and-so and Alice C. Evans' under the title of one of those possibly futile thousands of scientific papers ground out by the Government presses" (149). De Kruif praised Evans for her tenacity and her stoicism when she herself developed brucellosis, but he made clear the gendered link between science, humor, and emotion in his unashamed admiration of Evans's colleague at the Washington laboratory, researcher Edward Francis.⁴³

Where Evans hesitated and groped toward discovery, Francis, a "hard-boiled death hunter" (170), rushed in headlong. De

Kruif's descriptions of the discoverer of the germ that causes tularmia vividly evoked the masculine thrill of the hunt. Francis was as proud "as an Indian is of hanging new scalps to his belt" and brave enough to roll up his sleeves to dig "bare-handed as was his custom" in his confrontations with the brucella microbe (170–71). After he, like Evans, became infected, he nonetheless "helped his pals fish the undulant fever microbe out of his own blood" (172). Like R.S., Francis possessed a sense of humor about the strangeness of his quest. "It's a fair treat to listen to Francis," de Kruif claimed. "He gesticulates, he roars with sardonic laughter. He wrinkles up his round face till his eyes peer at you through narrow slits while he propounds profane and even obscene skepticisms about some alleged discovery by this or that eminent scientist" (169). De Kruif's celebration of the male medical researcher as resourceful, daring, and self-aware resonated with the qualities that Lee stressed in *Time*'s representation of "Researcher Rhoads," the man whose "parody was taken seriously" (Fig. 1).

Lee's strategy seemed to work well for both Rhoads and the Rockefeller Institute. In December 1931 Rhoads resumed his duties at the institute; in 1935 when several Boston institutions explored the prospect of bringing him to the city, Rockefeller Institute staff met repeatedly to discuss what incentives would be necessary to keep him in New York. Rhoads remained in New York, but not at the Rockefeller Institute. In 1939 he succeeded James Ewing as the director of the nation's preeminent cancer hospital, Memorial Hospital in New York City. Among his patients was Zinsser, who died of cancer in 1940. As chief of the Medical Division of the Chemical Warfare Service in the Army Medical Corps during World War II, Rhoads strongly advocated the chemotherapeutic approach to cancer control. During the 1940s, he directed research involving the testing of more than 1,500 forms of nitrogen mustard gas in mice. In 1953 Rhoads predicted a wonder drug for cancer was on the horizon: "Inevitably, as I see it, we can look forward to something like a penicillin for cancer, and I hope within the next decade" (qtd. in Patterson 196).

Rhoads worked closely with industrial magnate Alfred P. Sloan and engineer Charles Kettering to create a new cancer research institute. The opening of the Sloan-Kettering Institute in 1948 prompted *Time* magazine to once again profile "Dusty" Rhoads. On 27 June 1949 he appeared on the cover of the magazine. Clad in a white coat, he stood with a glowing sword smashing into a ferocious crab (the comparison of cancer to crabs is as old as Hippocrates). Announcing the opening of the Sloan-Kettering Institute, Rhoads was no longer the rollicking young researcher but the zealous cancer warrior (Fig. 2).



RESEARCHER RHOADS

His parody was taken seriously.

Fig. 1. The image of a sober, suited Rhoads may have contradicted the textual emphasis on his "rollicking nature." Both the image and text sought to rehabilitate the Rockefeller pathologist's reputation. Time 15 Feb. 1932: 32.

The article made no mention of his research in Puerto Rico or of his playful and fantastic composition that sparked his earlier appearance in *Time*. In November 1950 Rhoads's letter surfaced once more in Puerto Rican–American politics when two Puerto Rican Nationalist Party activists attempted to assassinate President Harry Truman. Griselio Torresola killed a White House policeman before he was shot dead. Wounded during the assassination attempt, Oscar Collazo, a New Yorker who had dedicated his life to the Nationalist Party after he had heard Albizu Campos speak about the Rhoads letter, was sentenced to death in the electric chair for his part in the attempted assassination. In 1952 Truman commuted his sentence to life imprisonment; during Jimmy

Fig. 2. In his second appearance in *Time* magazine as the postwar cancer fighter, Rhoads was celebrated as a man with “an easy smile” and “a persuasive tongue, a rare gift among scientists.” He received credit for encouraging Alfred P. Sloan, chairman of the board of General Motors, to invest \$4 million to establish the Sloan-Kettering Institute for Cancer Research. *Time* 27 June 1949.



Carter's presidency, the elderly Collazo was released and returned to Puerto Rico (McCullough 808–13).

That a physician's letter boasting about the medical extermination of the Puerto Rican population could be publicly represented as a joke . . . demonstrates the extent to which popular images of medical science and the scientist were “spun” or massaged by public relations experts

5. Conclusion

That a physician's letter boasting about the medical extermination of the Puerto Rican population could be publicly represented as a joke in 1932 in the mainstream popular media highlights several features of interwar medical research. It demonstrates the extent to which popular images of medical science and the scientist were “spun” or massaged by public relations ex-

perts like Lee. With his Rockefeller connections, Rhoads successfully fashioned an image of the medical researcher as intelligent, persevering, and self-sacrificing, but also possessed of a healthy, masculine sense of humor. The palatability of the joke reflected the racialized dimensions of research and the social distance between investigators and their research subjects. Rhoads's letter, although created for his personal pleasure and private consumption, differed only in degree from more public and also "playful" representations of medical researchers and their casual appropriation of the bodies of people of color. More than that, the joke resonated with powerful interwar medical fantasies that physicians could resolve society's problems through the application of scientific means, a fantasy by no means uniquely American. Indeed, German physicians, who would come to share this fantastic vision of eugenic extermination, joined the Nazi Party in Germany earlier and in greater numbers than other professionals, even before Hitler came to power in 1933 (Proctor 65).

Finally, medical humor may represent a largely untapped resource for understanding several features of medical research and medical practice that resist easy historical analysis, especially the affective and emotional aspects of the medical career. Whereas medical sociologists have analyzed humor as a functional response to the anatomy lab—joking about the cadaver and body parts, especially the genitalia—humor expressed in the laboratory, the hospital, the waiting room, and other sites of medical practice has been little discussed. Rhoads's joke about germs and cancer may have served an adaptive function in his situation, but its particular expression—involving germs and cancer—also suggests the historical contingency of the joke itself. At least since the nineteenth century, dread disease has sparked various joke cycles, from the lines about tuberculosis ("Is this the tuberculosis sanitarium?" "Of cough, of cough!" [Thorson 23]) in the period 1890–1930 through the jokes about the HIV epidemic ("What is the worst thing about having AIDS? Trying to convince your parents you're Haitian" [Hall 25]). Such jokes work, or cease to work, when they reflect social realities about the world and our place in it.

Notes

1. For brief discussions of the Rhoads letter, see Clark 152–54 and Briggs, *Reproducing Empire* 76–77. Pedro Aponte Vázquez implicated Rhoads in the assassination of Campos; see *Yo Acuso! Y Lo Que Pasó Después* (1998).

2. See "Porto Ricochet"; "'Saved My Life'"; "Dr. Rhoads Cleared."

3. In this essay, I use the anglicized spelling as it appears in the primary documents. For congressional legislation, S.J. 36, see Weston 183–84.
4. The work on tropical sprue is briefly treated in Corner 272–73. For pernicious anemia, see Wailoo 99–101.
5. Rhoads to Flexner, 20 July 1931; Rhoads to Dr. Russell, 25 July 1931, Simon Flexner Papers, folder Cornelius P. Rhoads, American Philosophical Society Library [hereafter APS].
6. Rhoads to Flexner, n.d., Simon Flexner Papers, folder Cornelius P. Rhoads, APS.
7. Rhoads to Flexner, 19 Sept. 1931, Simon Flexner Papers, folder Cornelius P. Rhoads, APS. For the formal discussion of the efforts to transmit sprue to human “volunteers,” see Castle et al., “Etiology and Treatment of Sprue” 680–81.
8. Rhoads to Flexner, 5 Oct. 1931, Simon Flexner Papers, folder Cornelius P. Rhoads, APS.
9. José Ramon Quiñones to Honorable Governor of Porto Rico, 11 Feb. 1932, 7 pp., Rockefeller Foundation [hereafter RF] Record Group [hereafter RG] 1.1, 243 Anemia, folder 5, Rockefeller Archive Center [hereafter RAC].
10. This is based on the chronology of events in the Rhoads case constructed by physician George C. Payne, a Rockefeller Foundation doctor attached to the Porto Rico Department of Health, for the Rockefeller Foundation staff. See Payne to H. H. Howard, 17 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 6, RAC. Although explanation for the Rhoads letter varied considerably, the chronology of events was not disputed.
11. Translated from the Spanish. “El sensacional caso de un médico norteamericano que dice haber asesinado a ocho puertorriqueños e ingertado gérmenes del cáncer a muchos más,” *El Imparcial*, 26 Jan. 1932; typescript, 8 Feb. 1932, 10 pp., RF, RG 1.1, 243 Anemia, folder 5: 2, RAC.
12. Translated from the Spanish. “El sensacional caso,” 3.
13. Payne reported that Rhoads received a telegram on 9 Dec. stating that his uncle was ill and sailed for the US on the tenth. Castle informed William A. Sawyer of the Rockefeller Foundation that Rhoads returned home because the work was tapering off and he should return to begin the pathological specimens. Castle also indicated that it was “considered better that he [Rhoads] should be away as he might be a source of irritation in case there was any agitation over the letter.” Interviews: W.A.S. 9 Feb. 1932. RF, RG 1.1 243 Anemia, folder 6, RAC.
14. Translated from the Spanish. “El sensacional caso,” 10.
15. Rafael Arroyo Zeppenfeldt to Editor of *La Correspondencia*, 29 Jan. 1932, RF, RG 1.1, 243 Anemia, folder 4: 2, RAC.
16. General Statement of Dr. William B. Castle in Connection with the Work of

the Anemia Commission and Dr. Rhoads' Case, typescript, 1932, pp. 1–4. RF, RG 1.1, 243 Anemia, folder 7: 2., RAC.

17. For discussion of the ethics of human experimentation in the 1930s and the political uses of self-experimentation, see Lederer, *Subjected to Science* 126–38.

18. General Statement of Dr. William B. Castle, 2.

19. Rhoads also used the men he called “boys” in the laboratory as sources of gastric fluid; he sent a bill to the Rockefeller Foundation for \$140 “paid to the Institute lab boys for gastric juice at \$5 per 200 cc.” Rhoads to W. Sawyer, 14 Mar. 1932, RF, RG 1.1, 243 Anemia, folder 7, RAC.

20. General Statement of Dr. William B. Castle, 2.

21. Lederer, *Flesh and Blood: Transfusion and Transplantation in Twentieth-Century America* (forthcoming).

22. Translated from the Spanish. What the Director of the Presbyterian Hospital Has to Say on the Matter of Dr. Rhoads, 5 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 5: 1–2, RAC.

23. What the Director of the Presbyterian Hospital Has to Say, 2.

24. Memorandum to Dr. Russell, regarding letter of Dr. Rhoads published in Porto Rico, 1 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 5, RAC.

25. Howard M. Gitelman, *The Legacy of the Ludlow Massacre: A Chapter in American Industrial Relations* (1988), details Lee's involvement with the Rockefellers.

26. Memorandum to Dr. Russell.

27. Memorandum to Dr. Russell.

28. Medical Report of Doctors E. Garrido Morales and P. Morales Otero to the Attorney-General Ramon Quiñones in Connection with the Case of Dr. Cornelius P. Rhoads, typescript, 19 pp., RF, RG 1.1, 243 Anemia, folder 6: 7–8, RAC.

29. See Rosenberg for Lewis's acid portrait of A. DeWitt Tubbs, the scientific director of the fictional McGurk Institute.

30. Telegram of Henry R. Luce to Ivy Lee, 2 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 6, RAC.

31. Received from Mr. Flinn of the Rockefeller Institute the first draft of an article prepared by the staff of “Time” on the subject of Dr. Rhoads's letter in Porto Rico, typescript, 4 pp., 7 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 7, RAC.

32. The full letter appears on pg. 2 of José Ramon Quiñones to Honorable Governor of Porto Rico.

33. John E. Ehrendorf Jr. to W. W. Howard, 15 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 5, RAC.
34. Morales Otero to Olin West, 3 Mar. 1932, RF, RG 1.1, 243 Anemia, folder 7, RAC.
35. George Payne to W. W. Howard, 22 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 6, RAC.
36. George Payne to W. W. Howard, 17 Feb. 1932, RF, RG 1.1, 243 Anemia, folder 6, RAC.
37. José Ramon Quiñones to Honorable Governor of Porto Rico.
38. Translated from the Spanish. What the Director of the Presbyterian Hospital Has to Say, 1.
39. See Lederer and Parascandola.
40. See Lederer, "The Tuskegee Syphilis Study."
41. According to virologist John Enders, R.S. stood for Rudolph Schmidt, the author of a book on pain that Zinsser translated into English in 1911. See Summers 345.
42. See Reverby 251–65.
43. See Lederer, "Moral Sensibility."

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